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One Hundred Eight Congress
U.S. House of Representatives
Select Committee on Homeland Security
Washington, DC 20515

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DEMOCRATIC DEPUTY STAFF DIRECTOR

January 28, 2004

The Honorable Tommy G. Thompson
Secretary
Department of Health and Human Services
Washington, D.C. 20201

Dear Secretary Thompson:

We know you share with us a high concern for the threat posed by biological weapons to the health and safety of the American public. Among the many pathogens that could be deployed by terrorists or enemy states against our nation, your department has rightly singled out smallpox as a particularly serious danger because of the ease of its transmission and virulence. Preparing our hospitals, health laboratories, clinics, and emergency first responders to detect and respond to any infectious disease outbreak is the best way to confront the smallpox threat.

Consequently, we are concerned with the shortcomings in the Administration's effort to vaccinate core groups of public health personnel, healthcare workers, and first responders in cities and states nationwide to respond to a smallpox attack. As proposed by the Administration in December of 2002, the National Smallpox Vaccination Program intended to supply trained and pre-vaccinated personnel who would be essential for providing rapid and essential services during an outbreak. However, the program's original goal of 500,000 vaccinations in its first phase remains far from achieved, as less than 40,000 personnel have been vaccinated. Moreover, it is unclear whether there are sufficient numbers of properly positioned vaccinees to provide effective smallpox preparedness across the country. In addition, we are concerned that the way in which the vaccination program was implemented has damaged the credibility of the U.S. government. Because we depend heavily on our healthcare sector for homeland security, the loss of this credibility could damage the entire bioterrorism preparedness effort.

Enclosed is a report by the Minority staff of the Select Committee on Homeland Security that examines the current poor state of preparedness for smallpox across the nation. The report also examines the reasons why the vaccination program has not improved this state of readiness as envisioned. We believe these are important lessons that must be learned if future efforts in public health preparedness are to be successful. In the meantime, we request that you provide us with your assessment of the current state of smallpox preparedness across the nation, as well as when and how you plan to ensure

that each state and city will meet clearly defined and sufficient preparedness goals. We also request from you a new assessment of the costs of the vaccination program to state and local health authorities and how the Department plans to meet those needs with FY 2004 and 2005 requested and appropriated funds. Finally, we request information on the Department's plan to communicate the availability of the Smallpox Vaccine Injury Compensation program to current and future volunteers for vaccinations.

We look forward to working with you to ensure the security of the nation against dangerous pathogens.

Sincerely,

Jim Juran

John M. Smith

Butt Pasarel

Norm Dicks

Zoe Lyle

John L. Bunker

Ben McHargue

Louise M. Slaughter

Norm McCarthy

Bob C. Thomas

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